DWIHN Standardized Progress Note

Specialized Licensed/Unlicensed Settings, Self-Directed, In-Home CLS Staffing

☐ IDD
☐ AMI

Member: _____ **MHWIN ID#:** _____ **Date:** _____

CRSP | SC/CM: _____ **Facility:** _____

☐ Specialized Licensed   ☐ Specialized Unlicensed
☐ Self-Directed   ☐ In-Home CLS Staffing

Identified IPOS Goals: _____

_____

_____

_____

CLS Hrs: _____

PC Hrs: _____

*Respite Hrs: _____

Community Living Supports		CLS Objectives
C1	Meal Preparation/Kitchen Skills	
C2	Laundry	
C3	Housekeeping Skills	
C4	Behavioral Interventions Needed	
C5	Total Shopping	
C6	Money Management	
C7	Community/Socialization Skills	
C8	Attending Medical Appointments	
C9	Medication Instruction Skills	
C10	Health & Safety/Medical Complexity	
C11	Symptoms/Stress Management Skills	

Personal Care		PC Objectives
P1	Eating/Feeding	
P2	Toileting	
P3	Showering/Bathing/Personal Hygiene	
P4	Dressing	
P5	Mobility/Transferring	
P6	Medication Knowledge/Administration	
P7	Complex Care	

*In-Home Services Recipient Signature: _____ **DATE:** _____

MEMBER/GUARDIAN Signature Required for RESPITE & IN-HOME CLS STAFFING Services Only

Supervisory Signature: _____ **DATE:** _____

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TASK ID CODES

H = Hospitalization	**M** = Monitoring	**R** = Refusal	**ED** = Education/Day Program
TC = Total Care	**PA** = Physical Assist	**VP** = Verbal Prompts	**LOA** = Leave of Absence
	HOH = Hand Over Hand	**I** = Independent	

PROGRESS CODES   **IP** = Increased Progress   **DP** = Decreased Progress   **SP** = Same Progress

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Staff Action / Outcome:

CLS/PC | Task ID

Staff Initials

_____

_____

_____

Start Time: _____

End Time: _____

_____ | _____   _____
Staff Signature   Credentials   PRINT NAME

☐ AM STAFF
☐ PM STAFF
☐ MN STAFF

Progress Code

Staff Action / Outcome:

CLS/PC | Task ID

Staff Initials

_____

_____

_____

Start Time: _____

End Time: _____

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Staff Signature   Credentials   PRINT NAME

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Progress Code